

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum)

**Box No. I TITLE OF INVENTION** A ROOF WATERPROOFING SYSTEM CONSISTING OF AN ORGANIC RESIN PROTECTED BY AN ALUMINUM-COPOLYMER COMPOSITE FOIL

**Box No. II APPLICANT**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

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BRAZIL - SOUTH AMERICA

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Teleprinter No.

State (i.e. country) of nationality:

BRAZIL

State (i.e. country) of residence:

BRAZIL

This person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Telephone No.

Facsimile No.

Teleprinter No.

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Box No.V DESIGNAT STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

## Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input type="checkbox"/> AL Albania .....	<input type="checkbox"/> LT Lithuania .....
<input type="checkbox"/> AM Armenia .....	<input type="checkbox"/> LU Luxembourg .....
<input type="checkbox"/> AT Austria .....	<input type="checkbox"/> LV Latvia .....
<input type="checkbox"/> AU Australia .....	<input type="checkbox"/> MD Republic of Moldova .....
<input type="checkbox"/> AZ Azerbaijan .....	<input type="checkbox"/> MG Madagascar .....
<input type="checkbox"/> BA Bosnia and Herzegovina .....	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia .....
<input type="checkbox"/> BB Barbados .....	<input type="checkbox"/> .....
<input type="checkbox"/> BG Bulgaria .....	<input type="checkbox"/> MN Mongolia .....
<input type="checkbox"/> BR Brazil .....	<input type="checkbox"/> MW Malawi .....
<input type="checkbox"/> BY Belarus .....	<input type="checkbox"/> MX Mexico .....
<input checked="" type="checkbox"/> CA Canada .....	<input type="checkbox"/> NO Norway .....
<input type="checkbox"/> CH and LI Switzerland and Liechtenstein .....	<input type="checkbox"/> NZ New Zealand .....
<input type="checkbox"/> CN China .....	<input type="checkbox"/> PL Poland .....
<input type="checkbox"/> CU Cuba .....	<input type="checkbox"/> PT Portugal .....
<input type="checkbox"/> CZ Czech Republic .....	<input type="checkbox"/> RO Romania .....
<input type="checkbox"/> DE Germany .....	<input type="checkbox"/> RU Russian Federation .....
<input type="checkbox"/> DK Denmark .....	<input type="checkbox"/> SD Sudan .....
<input type="checkbox"/> EE Estonia .....	<input type="checkbox"/> SE Sweden .....
<input type="checkbox"/> ES Spain .....	<input type="checkbox"/> SG Singapore .....
<input type="checkbox"/> FI Finland .....	<input type="checkbox"/> SI Slovenia .....
<input type="checkbox"/> GB United Kingdom .....	<input type="checkbox"/> SK Slovakia .....
<input type="checkbox"/> GE Georgia .....	<input type="checkbox"/> SL Sierra Leone .....
<input type="checkbox"/> GH Ghana .....	<input type="checkbox"/> TJ Tajikistan .....
<input type="checkbox"/> GM Gambia .....	<input type="checkbox"/> TM Turkmenistan .....
<input type="checkbox"/> GW Guinea-Bissau .....	<input type="checkbox"/> TR Turkey .....
<input type="checkbox"/> HU Hungary .....	<input type="checkbox"/> TT Trinidad and Tobago .....
<input type="checkbox"/> ID Indonesia .....	<input type="checkbox"/> UA Ukraine .....
<input type="checkbox"/> IL Israel .....	<input type="checkbox"/> UG Uganda .....
<input type="checkbox"/> IS Iceland .....	<input checked="" type="checkbox"/> US United States of America .....
<input checked="" type="checkbox"/> JP Japan .....	<input type="checkbox"/> .....
<input type="checkbox"/> KE Kenya .....	<input type="checkbox"/> UZ Uzbekistan .....
<input type="checkbox"/> KG Kyrgyzstan .....	<input type="checkbox"/> VN Viet Nam .....
<input type="checkbox"/> KP Democratic People's Republic of Korea .....	<input type="checkbox"/> YU Yugoslavia .....
<input type="checkbox"/> KR Republic of Korea .....	<input type="checkbox"/> ZW Zimbabwe .....
<input type="checkbox"/> .....	

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

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In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of .....

The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

## Box No. VI PRIORITY (

Further priority claim indicated in the Supplemental Box 

The priority of the following earlier application(s) is hereby claimed:

Country (in which, or for which, the application was filed)	Filing Date (day/month/year)	Application No.	Office of filing (only for regional or international application)
item (1) <b>BRAZIL</b>	<b>29/07/1997</b>	<b>MU 7701574-6</b>	
item (2)			
item (3)			

Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):

The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): **ITEM (1)**

## Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): **ISA / EPO**

Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request:

Country (or regional Office): Date (day/month/year): Number:

## Box No. VIII CHECK LIST

This international application contains the following number of sheets:

1. request	: 03	sheets
2. description	: 05	sheets
3. claims	: 01	sheets
4. abstract	: 01	sheets
5. drawings	: 01	sheets
Total :		11 sheets

This international application is accompanied by the item(s) marked below:

1. <input type="checkbox"/> separate signed power of attorney	5. <input checked="" type="checkbox"/> fee calculation sheet
2. <input type="checkbox"/> copy of general power of attorney	6. <input type="checkbox"/> separate indications concerning deposited microorganisms
3. <input type="checkbox"/> statement explaining lack of signature	7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette)
4. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	8. <input type="checkbox"/> other (specify):

Figure No. \_\_\_\_\_ of the drawings (if any) should accompany the abstract when it is published.

## Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

  
**CELSO MARTINEZ JUNIOR**

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1. Date of actual receipt of the purported international application:	2. Drawings:  <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid
5. International Searching Authority <b>ISA /</b>	

## For International Bureau use only

Date of receipt of the record copy by the International Bureau: